

114.3 CMR: DIVISION OF HEALTH CARE FINANCE & POLICY

114.3 CMR 49.00: RATES FOR EARLY INTERVENTION PROGRAM SERVICES

Section

49.01: General Provisions

49.02: Definitions

49.03: Filing and Reporting Requirements

49.04: Rate Provisions

49.05: Administrative Information Bulletins

49.06: Severability of Provisions

49.01: General Provisions

- (1) Scope. 114.3 CMR 49.00 governs rates of payment to be used by all governmental units making payment to eligible providers for Early Intervention Program Services to publicly assisted clients.
- (2) Disclaimer of Authorization of Services. 114.3 CMR 49.00 is not authorization for or approval of the substantive services for which rates are determined pursuant to this chapter. The Department of Public Health, which is designated as the lead agency, is responsible for the definition, authorization, and approval of services extended to publicly-assisted clients by eligible providers.
- (3) Effective Date. 114.3 CMR 49.00 shall be effective from January 1, 2005.
- (4) Authority. 114.3 CMR 49.00 is adopted pursuant to M.G.L. c.118G.

49.02: Definitions

- (1) Meaning of Terms. As used in 114.3 CMR 49.00 unless the context requires otherwise, terms shall have the meanings ascribed in 114.3 CMR 49.2.

Approved Program Rates. The rate per service unit approved by the Commission. The rates of payment that have been certified by the Commonwealth and filed with the Secretary of the Commonwealth shall govern payment for services governed by 114.3 CMR 49.00.

Assessment. A comprehensive evaluation of the child's developmental status and family situation, involving the use of a normed developmental assessment tool and measuring fine and gross motor skills, cognitive ability, communication skills, affect and temperament, self care and feeding skills, socialization, family interactions, and social and economic support systems available to the family. An assessment is limited to ten (10) working hours per twelve-month period.

Biological Risk. The presence of a documented history of prenatal, perinatal, neonatal, or early developmental events or conditions suggestive of damage to the central nervous system or of later atypical development.

Center Based Individual Visit. A face-to-face meeting, at an early intervention program's site, of one client or one client's caregiver, or both, with professional staff member(s) for the purpose of furthering the client's developmental progress. Center based individual visits must be provided for a scheduled period of time ranging from one (1) to two (2) hours. Center based individual visits provided in conjunction with group services, however, may be provided for a period of time which is less than one (1) hour.

Child Visit. A face-to-face meeting at the client's home or at an approved setting outside of the center-based site, with the client, the client's caregiver, or both, and professional staff member(s) for the purpose of furthering the

client's developmental progress. A child visit must be provided for a scheduled period of time not to exceed two (2) hours.

Client Resources. Revenue received in cash or in-kind from publicly-assisted clients to defray all or a portion of the cost of program services.

Clients. Recipients of services provided by an early intervention program.

Co-Treatment. A child visit or center based individual visit which involves two (2) professional staff members and the client, the client's caregiver, or both. Co-treatment sessions are billed on the basis of working hours and are limited to four (4) working hours per session.

Community Child Group. A face to face meeting at a community site, as defined in 114.3 CMR 49.02, facilitated or co-facilitated by professional staff members and designed to further the client's developmental progress and which must include both children enrolled in Early Intervention and children not enrolled in Early Intervention. Community Child Groups will be provided for a scheduled period of time ranging from one (1) to two and one half (2½) hours, not more than two times weekly.

Community Site. Any location where all young children are welcome and typically spend time, and where services are provided in natural environments, as defined in federal law and regulation, in which children without disabilities participate. This may include, but is not limited to, childcare settings, playgrounds, libraries, and community centers.

Division. The Division of Health Care Finance & Policy organized under M.G.L. c.118G.

Complete Filing. A filing of the cost report, containing no major deficiencies.

Cost Report. The document used to report cost and other financial and statistical data, the Uniform Financial Statement and Independent Auditor's report, when required.

Early Intervention (EI) Program. A program that shows evidence of having met the Early Intervention Standards of the Department of Public Health and that provides services such as medical, therapeutic, educational, developmental and social services for children and their families. Services are provided to children who are between the ages of birth and three (3) years and who are at biological, environment or established risk.

EI-Only Child Group: A face-to face meeting of a group of children enrolled in Early Intervention, facilitated or co-facilitated by professional staff members and designed to further the client's developmental progress. EI-only child groups will be provided for a scheduled period of time ranging from one (1) to two and one half (2½) hours, not more than two times weekly.

Eligible Provider. Any partnership, corporation, trust, or other legal entity that meets the conditions established for early intervention programs by the Department of Public Health.

Environmental Risk. The presence of an environmental factor that may pose a serious threat to a child's development such as, but not restricted to, limited maternal and family care, inadequate health care, poor nutrition, limited opportunities for expression of adaptive behaviors and a lack of physical and social stimulation.

Established Risk. The presence of a developmental delay or deviation of unknown etiology or the likelihood of a developmental delay or deviation due to a diagnosed medical disorder of known etiology.

Governmental Unit. The Commonwealth, any department, agency, board or Division of the Commonwealth and any political subdivision of the Commonwealth.

Parent-Focused Group. A face-to-face meeting of a group of clients' parents and persons filling the role of parents (for example, a grandparent, foster parent or guardian but not a day care worker) with professional staff members, for the purpose of support and guidance. A parent-focused group must be provided for a scheduled period of time not to exceed two hours per session and one session per week.

Professional Staff Member. Any Certified Early Intervention Specialist defined in M.G.L. Chapter 175, Section 47C and in the Early Intervention Operational Standards published by the Department of Public Health.

Publicly-Aided Individual. A person who receives program services for which a governmental unit is responsible in whole or in part, under a statutory program of financial assistance.

Screening. An initial face-to-face meeting of a client and client's caregiver with a professional staff member to determine whether the client would be appropriately placed in two (2) working hours.

Unit. Fifteen (15) minutes of service provided to a client. In the case of a Community Child Group, EI-Only Child Group and/or a parent focused group, one unit is fifteen minutes of service provided to an individual client. In the case of a child visit and/or a center-based individual visit, one unit is fifteen minutes of service provided to an individual client except for situations defined under co-treatment. In the case of a screening and/or assessment, one unit is fifteen minutes of service provided by one professional staff member.

Working Hours. One (1) hour worked on a screening, assessment or co-treatment session by one (1) professional staff member. For example, if three (3) professionals work together for one (1) hour to complete the assessment, the assessment lasts three (3) working hours.

49.03: Filing and Reporting Requirements

(1) Reporting for Annual Review. Unless exempted, each operating agency shall, on or before the 15th day of the fifth month after the end of its fiscal year, submit to the Division:

(a) A copy of its Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of the Division of Purchased Services, Department of Administration and Finance;

(b) A supplemental program questionnaire or any other data collection form if requested by the Division of Health Care Finance & Policy.

(2) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books and records made available to the Division shall be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Chief Financial Officer of the Operating Agency.

(b) Examination of Records. Each Operating Agency shall make available all records relating to its operation and all records relating to a realty service or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of the Division for examination.

(c) Field Audits. The Division may conduct field audits. The Division will attempt to schedule an audit at a convenient time for both parties.

(3) Non-Compliance. Failure by an eligible provider to submit accurate and timely information as requested in 114.3 CMR 49.00 may result in a penalty. The rates will be reduced for an amount of time equal to the period of non-compliance. The penalty shall accrue at a rate of 5% per month of non-compliance. The penalty shall not exceed a cumulative total of more than 50%. If a provider is not in full compliance upon completion of the filing of new rates, at no time can the new rates exceed the penalty-adjusted current rate. If the new rate were to exceed the penalty-adjusted current rate, the filing of the new rate will be delayed

until full-compliance with the filing requirements. If the new rate is less than the rate currently in effect, then the new rate will become effective immediately and potentially be subject to further penalty.

49.04: Rate Provisions

(1) Services Included in the Rate. The approved rates shall include payment for all care and services that are or have been customarily part of the early intervention program of the eligible provider including necessary administration, supervision, travel, transportation and support services, subject only to the terms of the purchase agreement between the eligible provider and the purchasing governmental units.

(2) Payment Terms.

(a) Reimbursement as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by one (1) or more purchasing governmental units for services rendered, accept the approved program rates as full payment and discharge of all obligations for the services rendered, subject only to appellate rights as set forth in M.G.L. c.118G. There shall be no duplication of or supplemental payment in excess of the approved program rates from sources other than those expressly recognized or anticipated in the computation of the rates. Any client resources not expressly recognized or anticipated in the computation of the rate shall reduce, by that amount, the purchasing governmental unit's obligation for services rendered to the publicly-assisted client.

(b) Payment Limitations. Except as provided in 114.3 CMR 49.5(2)(a) and 49.5(3) no purchasing governmental unit may pay less than the approved program rate.

(3) Approved Program Rates. The rates of payment for authorized services shall be the lower of the eligible provider's usual charge to the general public for early intervention services or the rate listed below:

<u>Service Codes</u>	<u>Service Description</u>	<u>Per Unit</u>
H2015	Child Visit – Day Care	\$18.45
H2015	Child Visit – Hospital	\$18.45
H2015	Child Visit	\$18.45
T1015	Center Based Individual	\$15.47
96153-U1	EI-Only Child Group	\$5.39
96153-U2	Community Child Group	\$7.08
T1027	Parent Focused Group	\$6.92
T1023	Screening	\$21.56
T1024	Assessment	\$24.75

49.05: Administrative Information Bulletins.

(1) The Division may, from time to time, issue administrative Information Bulletins to clarify its understanding of substantive provisions of 114.3 CMR 49.00.

(2) The Division may publish procedure code updates and corrections in the form of an Information Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

(a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;

(b) deleted codes for which there are no corresponding new codes; and

(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

49.06: Severability of the Provisions of 114.3 CMR 49.00

The provisions of 114.3 CMR 49.00 are severable, and, if any provision of 114.3 CMR 49.00 or application of such provision to any Operating Agency or fiscal intermediary or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 49.00 or application of such provisions to Operating Agencies or fiscal intermediaries or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 49.00: M.G.L. c.118G.